

# Family Doctors in Singapore seeing fewer patients

A scientific paper '2001 survey on primary medical care in Singapore' by A/Profs Shanta Emmanuel, Cheong Pak Yean and Ms H.P. Phua, was published in the May 2004 issue of the Singapore Medical Journal (SMJ). This paper is based on the study of the same name conducted under the aegis of the College in late 2001.

In the same issue, A/Prof Goh Lee Gan wrote an editorial based on the study titled, 'One-day primary care morbidity surveys: a feasible means for obtaining valuable healthcare services data'. In his editorial, A/Prof Goh emphasized the usefulness of a national survey to monitor the health needs of the population, workload of healthcare providers, health planning policy, as well as the design of medical curricula.

As a survey based on the same methodology was done in 1993, comparison of the findings also revealed the trends over the past 8 years and the roles of family doctors in polyclinics versus family doctor in private practice (GP). The study revealed the answers to some questions that family doctors often ask.

## Are GPs seeing fewer patients?

The answer is both 'yes' and 'no'. Yes, the average number of patients seen per GP per day has dropped from 40 in 1993 to 33 in 2001 but this is not because the family doctors in polyclinics are seeing more proportionally. In fact, the GP's percentage share of primary care patients increased marginally viz. private vs. public was 82.1% vs. 17.9% in 1993 and 83.4% vs. 16.6% in 2001. The number of visits to the GP per patient per year dropped from 5.0 in 1993 to 4.4 in 2001.

No, GPs saw more patients in absolute numbers. There were 15.02 million encounters in 2001 vs. 13.62 million in 1993. The number of GPs however increased from 1,103 in 1993 to 1480 in 2001, a greater percentage increase than the increased in-patient encounters resulting in a dilution of patient load per GP.

## Are fewer patients seeing family doctors?

The answer is 'yes' if the population increase is taken into account. A/Prof Goh also noted in his editorial, "What is also interesting is, despite the population growth of 25% from 3.3 million in 1993 to 4.1 million in 2001, the increase in primary care attendance was only 8.6%. This leads one to ask: Are primary care patients increasingly being taken care of by the specialist sector?"

The 'coughs and cold', upper respiratory tract infections also declined in percentage of total attendance across the board. Are patients now more healthy, seeing the traditional Chinese medicine practitioners or pharmacists for self-medication of these minor ailments? This study was not designed to answer these questions and one can only speculate.

## Are primary care doctors seeing more patients with chronic diseases?

That is true for family doctors in both sectors increasing from 29.2% in 1993 to 34.3% in 2001 with the increase higher in polyclinics compared to that of GP clinics.

**"Primary care needs to retool itself, to promote itself, and to negotiate with the hospital and specialist sectors on the apportioning of work in the care of chronic medical problems. There are, of course, other implications that the provider and administrator can see and should act on"**

- A/Prof Goh Lee Gan

The findings are not unexpected as there are also a greater percentage of elderly patients and the burden of chronic diseases is higher in the geriatric group. This fact and the graying of the population however did not result in primary care doctors seeing the majority of patients with chronic diseases. Some believed that other factors such as perverse funding

and perverse public education play a part.

## Take-home messages

The proportional number of patients seeking primary care is presently heading south. In the private sector, the work-load per GP is further diluted by the number of doctors 'pushed' out into primary care. The work-load of doctors in the polyclinics is less affected by this decline as there is still demand fueled by location-based state subsidy.

Yet the number of doctors in the GP sector is set to further increase with the increase in number of doctors trained in Singapore and increase in recognized medical schools overseas where Singaporean can study. How low would the workload go considering there is a lag-time for correction due to the long training period?

A/Prof Goh concluded in his editorial that 'the message to the primary care sector is this: as a corporate body, primary care needs to retool itself, to promote itself, and to negotiate with the hospital and specialist sectors on the apportioning of work in the care of chronic medical problems. There are, of course, other implications that the provider and administrator can see and should act on, based on a careful study of the 2001 Singapore one-day morbidity survey in its

entirety."

The College's corporate role is clearer when seen in this perspective. What is yours?

*The paper and the editorial are published in the Singapore Med Journal 2004 Vol 45(5) available both in print and from the Internet. [www.sma.org.sg/smj/smjcurrent.html](http://www.sma.org.sg/smj/smjcurrent.html)*